Lisa Kalata

From:

David Stortz

Sent:

Thursday, February 27, 2020 3:19 AM

To: Cc: Sarah Haltaufderheide Lisa Kalata; Daniel Layber

Subject:

FW: Operators License - 1855

Attachments:

4297_001.pdf

After reviewing Josh M Ray's WORCS, DOT, RMS, and WI Circuit Court Access records, I have not located any issues which would prevent Ray from obtaining his Operators License and I recommend Ray for approval of his Village of Cottage Grove Operators License Application.



STATE OF WISCONSIN DEPARTMENT OF JUSTICE

Request Date: 2/27/2020Report Date: 2/27/2020

This criminal background check was performed by searching the following data submitted to the Crime Information Bureau

Name: RAY, JOSH M
 Date of Birth: 10/9/1985

Alias Names:

NOTICE TO EMPLOYERS

It may be a violation of state law to discriminate against a job applicant because of an arrest or conviction record. Generally speaking, an employer may refuse to hire an applicant on the basis of a conviction record only if the circumstances of the offense for which the applicant was convicted substantially relate to the circumstances of the particular job. For more information, see <u>Statute 111.335</u> and the Department of Workforce Development's publication, Arrest and Conviction Records Under the Law.

Before you make a final decision adverse to an applicant based on the following arrest record, in addition to any other opportunity you offer the applicant to explain the following arrest record, please notify the applicant of:

- 1. His or her right to challenge the accuracy and completeness of any information contained in a arrest record, and
- 2. The process for submitting a challenge



VILLAGE OF COTTAGE GROVE OPERATORS LICENSE APPLICATION

New .	X_
Renev	val

Please complete all required information. This application must be answered completely and accurately before processing. A \$25.00 license/application fee is required and must accompany this application. If you have not previously held an operators license in the Village of Cottage Grove a copy of the Responsible Beverage Servers Certificate must be attached. All applicants are required to provide a copy of their Wisconsin Drivers License or I.D. Card. The annual licensing period is from July 1 through June 30.

Full Name:		address a establish employed visor if v Name ad Establish 1855 Name of Other Control of the c	In this specify harne, and phone number of the ment where they will be d. Also the name of superve have any questions. Iddress & phone number of nament: Saloon & Gall Main Street #100 Supervisor: MANN I Location of ible Beverage Server 2/14/2028
You must complete all boxes: Any question answered YES must be expage in detail, with any appropriate documentation attached. You may at necessary. 1. In the past 5 years, have you been arrested, convicted of or charge following: A. Illegal purchase, sale or providing alcoholic beverages. B. Violation of closing hours at a licensed premises. C. Operating a motor vehicle while under the influence of drugs and/or alcohol. D. A violation of an alcohol beverage law, regulation or rule not specified above. E. Disorderly conduct, criminal damage to property or obstructing an officer. 2. Have you EVER been arrested, convicted of or charged with a Felony? 3. Have you held any type of alcohol beverage license in the last 3 years? If so, list type and location on the back of this page. 4. Do you presently have any overdue or outstanding forfeitures resulting from a violation of any county, state or local ordinance? 5. Have you ever had any alcohol beverage license revoked, suspend or not renewed? Certification-Please Read Carefully! I hereby certify that the information provided on this application is true and correct. I understand the provided may be grounds for denial of this alcohol beverage license. I further understand the provided may be grounds for denial of this alcohol beverage license. I further understand the provided may be grounds for denial or revocation of this license. I fully understand all state and loc sale of alcoholic beverages that apply to this application, and agree to abide by those laws. I hereby authorize the Village of Cottage Grove to perform a criminal background and drivers licens Signature.	ed with any of the Yes No Yes Yes No Yes	ges if	For Village Clerk's Use Only Date Received Aboby Fees Received A5. Receipt # 4.000798 Provisional # 1920-584 Background Completed Approved or Denied Date Issued License # Legal Review if Denied